

# Wisconsin Department of Regulation & Licensing

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Website: http://drl.wi.gov

## EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

### PROFESSIONAL GEOLOGISTS SECTION

### ELIGIBILITY APPLICATION FOR THE FUNDAMENTALS AND PRINCIPLES & PRACTICE EXAMINATIONS

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

**PLEASE TYPE OR PRINT IN INK** ☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number ( ____ ) ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan  
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander  
☐ Hispanic ☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

The geologist license expires on July 31 of the even-numbered year. It may be renewed for a two year period at that time.

#### Indicate Exam(s) Applying For:

\_\_\_\_ Fundamentals  
\_\_\_\_ Principles and Practice

#### Indicate Exam Date:

☐ October 7, 2005  
☐ March 3, 2006  
☐ October 6, 2006

APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to this application.

#### For Receipting Use Only

#### October 2005 Examination

- ☐ \$443.00 fee (\$181 Fundamentals Exam; \$209 Principles Exam, \$53 Initial Credential fee)  
☐ \$181.00 Fundamentals Re-exam fee  
☐ \$209.00 Principles Re-exam fee

#### Examination after October 2005

- ☐ \$471.00 fee (\$209 Fundamentals Exam; \$209 Principles Exam, \$53 Initial Credential fee)  
☐ \$209.00 Fundamentals Re-exam fee  
☐ \$209.00 Principles Re-exam fee

# Wisconsin Department of Regulation & Licensing

**QUALIFICATIONS:** PLACE an "X" in ONE space indicating how you qualify

- ☐ Bachelor's Degree only (or second semester senior)  
☐ Bachelor's Degree and 4 years experience with at least one year supervised experience  
☐ Bachelor's Degree and 6 years experience with at least one year under peer review system

**EDUCATION:** (Official transcripts required)

Colleges <u>Attended</u>	Degree <u>Received</u>	Date of <u>Graduation</u>	Major
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**ANSWER THE FOLLOWING QUESTIONS:** (Attach additional sheets if necessary)

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.          | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.   | <input type="checkbox"/> | <input type="checkbox"/> |

## APPLICANT MUST SIGN

I understand that eligibility for examination does not imply eligibility for licensure and that upon successful completion of the examination, additional information will be requested by the Examining Board of Professional Geologists, Hydrologists and Soil Scientists to satisfy requirements outline in Chapter 470, Wisconsin Statutes, and Chapters GHSS 2, Wisconsin Administrative Code.

Under the penalties of perjury, I declare the information contained in this application is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

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First Name	Middle Initial	Last Name
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Profession

Date of Birth                                            
                                 month                                   day                                   year

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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

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<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996